

# HOUSE BILL REPORT

## SHB 2016

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### As Passed Legislature

**Title:** An act relating to access to midwifery and doula services for incarcerated women.

**Brief Description:** Concerning midwifery and doula services for incarcerated women.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives DeBolt, Hayes, Stanford, Doglio and Muri).

#### **Brief History:**

##### **Committee Activity:**

Health Care & Wellness: 2/8/17 [DPS].

##### **Floor Activity:**

Passed House: 2/28/17, 97-1.

Passed House: 1/18/18, 96-0.

Passed Senate: 2/27/18, 48-0.

Passed Legislature.

#### **Brief Summary of Substitute Bill**

- Requires jails and the Department of Corrections to make reasonable accommodations for the provision of midwifery and doula services to inmates who are pregnant or have recently given birth.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Rodne, Slatter, Stonier and Tharinger.

**Staff:** Alexa Silver (786-7190).

#### **Background:**

Maternity Services for Incarcerated Women.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Prisons and jails provide for medically necessary health care services for incarcerated persons. This includes maternity services provided in prenatal care, delivery, and postpartum care. For pregnant prison inmates, services are provided in the facility that a Department of Corrections health care practitioner determines is appropriate for the level of service required. For pregnant inmates in jail, jail personnel transport the inmate to her prenatal medical appointments in the community.

When an incarcerated women is in labor, correctional personnel may not be present in the room, unless specifically requested by medical personnel. If a correctional employee's presence is requested by medical personnel, the employee should be female if practicable.

#### Washington Corrections Center for Women.

The Residential Parenting Program at the Washington Corrections Center for Women provides a residential setting to allow incarcerated mothers to keep their infants with them during their incarceration. To be eligible for participation, an inmate must meet certain criteria and be eligible for release prior to her infant turning 30 months old. The program includes prenatal and postnatal programs.

#### Midwifery and Doula Services.

A licensed advanced registered nurse practitioner may be designated as a certified nurse midwife. A licensed midwife renders medical care for compensation to a woman during prenatal, intrapartum, and postpartum stages. Requirements for licensure include: a certificate or diploma from a midwifery program; a minimum of three years of midwifery training; educational requirements; observation of women in the intrapartum period; and passage of an examination.

A doula is a person who provides support to a woman before, during, and after childbirth. A doula may be trained and certified by a professional organization, but is not licensed as a health care provider.

#### **Summary of Substitute Bill:**

The Department of Corrections (Department) and jails must make reasonable accommodations for the provision of available midwifery and doula services to inmates who are pregnant or who have given birth in the last six weeks. A person providing midwifery or doula services must be granted appropriate facility access, be allowed to attend and provide assistance during labor and childbirth (where feasible), and have access to the inmate's relevant health care information if the inmate authorizes disclosure.

Nothing requires the Department or governing units to establish or provide funding for midwifery or doula services, and nothing prevents the adoption of policy guidelines related to the delivery of midwifery or doula services to inmates. The midwifery or doula services provided may not supplant health care services routinely provided to the inmate.

"Doula services" are defined as services provided by a trained doula that are designed to provide physical, emotional, and informational support to a pregnant woman before, during, and after delivery. Doula services may include support during labor and childbirth, prenatal and postpartum education, breastfeeding assistance, parenting education, and support in the

event that a woman has been or will become separated from her child. "Midwifery services" are defined as medical aid rendered by a midwife to a woman during prenatal, intrapartum, or postpartum stages or to a woman's newborn up to two weeks of age. A "midwife" is defined as a licensed midwife or a licensed advanced registered nurse practitioner.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support—from testimony on HB 1704, which is identical to HB 2016 except for the title, on 2/3/2017) Doulas are trained community health workers who complement the efforts of skilled medical providers by providing emotional and physical support before, during, and after childbirth. Ample evidence shows that doulas reduce preterm births, lower the rate of cesarean sections, reduce interventions and complications, reduce postpartum depression, and improve newborn health and social outcomes, especially for vulnerable populations. Not all infants face the same chances of survival. Midwives should be added to the bill. As licensed health care providers, their services would be supplemental to care already provided by the Department of Corrections.

Being pregnant and incarcerated is scary and stressful. Chronic stress during pregnancy increases the risk of preterm birth and low birthweight, which leads to long-term health problems and is extremely costly. Doula and midwife services significantly reduce stress. A support network leads to a healthier pregnancy, a better mental state for the mother, and a healthier baby. The mother particularly needs emotional support if the baby is going to be removed. The bill would ensure critical access to services, including breastfeeding support, up to six weeks after the baby is born.

A prison doula provides access to research, resources, and information about labor and delivery and fetal development. This supports connection with the baby after birth, which is especially important to women who do not know if they will immediately parent their child after birth. The prison doula project provided advocacy and support around pregnancy, parenting, and reintegration upon release. Clients reported fewer suicidal thoughts, less substance abuse, and more hope for the future. Doulas have not always been allowed reliable access to pregnant inmates. The female population in correctional facilities has been growing, and this bill helps meet the needs of this expanding population. This bill does not have a fiscal impact, because these are voluntary services. The United States has the largest female prison population in the world, and the majority are nonviolent offenders.

(Opposed) None.

(Other—from testimony on HB 1704, which is identical to HB 2016 except for the title, on 2/3/2017) One of the state prison facilities recently changed their policy regarding doula access to the facility. Jails should be removed from the bill because this is not an issue at the

jail level. The practice in jails is to do a temporary furlough or electronic monitoring or to release the person on her own recognizance once she gets to this stage of her pregnancy.

**Persons Testifying:** (In support-from testimony on HB 1704, which is identical to HB 2016 except for the title, on 2/3/2017) Representative DeBolt, prime sponsor; Rick Forcier, Thurston County Jail Advisory Board; Audrey Levine, Midwives Association of Washington State; Dila Perera, Open Arms Perinatal Services; Patanjali De la Rocha, Full Spectrum Doula; Marin Fahey; and Marie Madrone.

(Other-from testimony on HB 1704, which is identical to HB 2016 except for the title, on 2/3/2017) James McMahan, Washington Association of Sheriffs and Police Chiefs.

**Persons Signed In To Testify But Not Testifying:** None.